

## APPLICATION FOR:



A Public Service Agency

- ☐ **Duplicate Title** (Complete Parts 1 through 3)  
☐ **Paperless Title Certification** (Complete Parts 1 through 3)  
☐ **Transfer of Title With Duplicate Title** (Seller completes Parts 1 through 5, Buyer completes Parts 6 through 10, as needed.)  
☐ **Transfer of Title With Paperless Title** (Seller completes Parts 1 through 5, Buyer completes Parts 6 through 10, as needed.)

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
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### 1. REGISTERED OWNER(S) OF RECORD

TRUE FULL NAME (LAST, FIRST, MIDDLE)			TRUE FULL NAME (LAST, FIRST, MIDDLE)		
RESIDENCE OR BUSINESS ADDRESS	APT./SPACE NUMBER	CITY	STATE	ZIP CODE	DRIVER LICENSE/ID CARD NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT./SPACE NUMBER	CITY	STATE	ZIP CODE	DRIVER LICENSE/ID CARD NUMBER

### 2. LEGAL OWNER OF RECORD (TITLE HOLDER)—Do not enter name of owners above

NAME OF FIRM OR INDIVIDUAL HAVING A LIEN ON THIS VEHICLE				
ADDRESS	APT./SPACE NUMBER	CITY	STATE	ZIP CODE

### 3. MISSING TITLE STATEMENT—WARNING: Issuance of a duplicate title cancels the original title.

The Certificate of Title issued for this vehicle/vessel is:

- ☐ Lost ☐ Stolen ☐ Not received ☐ Illegible/Mutilated (attach old title) ☐ Paperless Title

**I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I agree to indemnify and save harmless the Director of Motor Vehicles for any loss suffered resulting from the issuance of said duplicate certificate of title.**

SIGNATURE	DATE
<b>X</b> PRINTED NAME OF OWNER/AGENT SIGNING FOR COMPANY	PRINTED NAME OF LEGAL OWNER

### 4. REGISTERED OWNER(S) RELEASE OF OWNERSHIP AND/OR INTEREST

I/we release interest in the described vehicle/vessel.

SIGNATURE OF OWNER	DATE
<b>X</b> SIGNATURE OF OWNER	DATE
<b>X</b>	

### 5. LEGAL OWNER OF RECORD RELEASE OF OWNERSHIP AND/OR INTEREST—Signature must be notarized.

The undersigned lienholder (legal owner of record) certifies release of interest in the vehicle/vessel.

SIGNATURE OF LEGAL OWNER (COMPANY NAME MUST BE COUNTERSIGNED)	PRINTED NAME OF AGENT SIGNING FOR COMPANY	DATE
<b>X</b>		

State of California )  
County of )  
On \_\_\_\_\_ before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they) executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

\*\*\* THIS SIDE FOR NEW OWNERS \*\*\*

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR/MAKE
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**6. NEW REGISTERED OWNER(S) — Complete transfer within 10 days of taking possession of vehicle/vessel**

PURCHASE PRICE OR IF RECEIVED AS A <input type="checkbox"/> GIFT OR <input type="checkbox"/> TRADE, THE MARKET VALUE	DATE PURCHASED OR ACQUIRED Mo. _____ Day _____ Yr. _____	EQUIPMENT NUMBER
TRUE FULL NAME(S) OF NEW OWNER(S) (AS SHOWN ON DRIVER LICENSE OR ID CARD) (LAST FIRST MIDDLE)	DRIVER LICENSE/ID CARD NUMBER	
<input type="checkbox"/> AND (LAST FIRST MIDDLE) <input type="checkbox"/> OR	DRIVER LICENSE/ID CARD NUMBER	
ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)	APT./SPACE NUMBER	CITY STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ABOVE)	APT./SPACE NUMBER	CITY STATE ZIP CODE

***I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct and that the owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to Section 1808.21 of the California Vehicle Code.***

SIGNATURE(S) OF ALL NEW OWNER(S) <b>X</b>	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>	DATE	DAYTIME TELEPHONE NUMBER

**7. NEW LEGAL OWNER (TITLE HOLDER)**

NAME OF NEW LEGAL OWNER — DO NOT ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE.	ELECTRONIC LIENHOLDER ID NO. ELT#
STREET OR P.O. BOX ADDRESS	APT./SPACE NUMBER CITY STATE ZIP CODE

**8. LEASED VEHICLES**

LESSEE ADDRESS (IF DIFFERENT FROM OWNER ADDRESS ABOVE)

**9. VESSEL OR TRAILER COACH**

VESSEL PRINCIPALLY KEPT AT (ADDRESS OR TRAILER LOCATION) COUNTY

**10. DEALER'S RELEASE OF ACQUIRED VEHICLE**

NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT <b>X</b>	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT <b>X</b>	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT <b>X</b>	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT <b>X</b>	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER